

## **Application Data Sheet**

### **Application Information**

|  |  |
|--|--|
| Application Number::                   | 09/521,242   |
| Filing Date::                          | April 5, 2000  |
| Application Type::                     | Regular  |
| Subject Matter::                       | Utility  |
| CD-ROM or CD-R::                       | None   |
| Title::                                | COMPUTER ARCHITECTURE AND PROCESS<br>OF PATIENT GENERATION, EVOLUTION, AND<br>SIMULATION FOR COMPUTER BASED<br>TESTING SYSTEM USING BAYESIAN<br>NETWORKS AS A SCRIPTING LANGUAGE |
| Attorney Docket Number::               | 110346.201US1  |
| Request for Early Publication?::       | No   |
| Request for Non Publication?::         | No   |
| Total Drawing Sheets:                  | 27   |
| Small Entity?::                        | No   |
| Petition Included?::                   | No   |
| Secrecy Order in Parent Application?:: | No   |

### **Applicant Information**

|                                  |               |
|----------------------------------|---------------|
| Applicant Authority Type::       | Inventor      |
| Primary Citizenship Country::    | US            |
| Status::                         | Full Capacity |
| Given Name::                     | Walton        |
| Family Name::                    | Sumner        |
| Name Suffix::                    | II            |
| City of Residence::              | St. Louis     |
| State or Province of Residence:: | MO            |
| Country of Residence::           | US            |

Street of mailing address:: 161 Slocum Avenue  
City of mailing address:: St. Louis  
State or Province of mailing address:: MO  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 63119

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: D.  
Family Name:: Hagen  
City of Residence:: Lexington  
State or Province of Residence:: KY  
Country of Residence:: US  
Street of mailing address:: 2012 Blairmore Road  
City of mailing address:: Lexington  
State or Province of mailing address:: KY  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 40502

### **Correspondence Information**

Correspondence Customer Number:: 24395  
Phone number:: 202-942-8400  
Fax number:: 202-942-8484

### **Representative Information**

|                                     |       |  |
|-------------------------------------|-------|--|
| Representative Customer<br>Number:: | 24395 |  |
|-------------------------------------|-------|--|

## Domestic Priority Information

| Application::    | Continuity Type::  | Parent Application:: | Parent Filing Date:: |
|------------------|--------------------|----------------------|----------------------|
| This application | Non-Provisional of | 60/127,850           | 04/05/99             |

## Assignment Information

Assignee Name:: American Board of Family Practice, Inc.  
Street of mailing address:: 1400 Vine Center Tower, P.O. Box 1808  
City of mailing address:: Lexington  
State or Province of mailing address:: KY  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 40593-8500